

**Washington State Department of Health  
Office of Emergency Medical and Trauma System  
Emergency Medical Technician-Basic Curricula**

**APPENDIX H**

**EMT-BASIC  
Practical Evaluation Guidelines  
and Skill Sheets**

## FLOW CHART OF THE INITIAL EMT-B COURSE PRACTICAL SKILL EVALUATION PROCESS

### Step # 1

**Initial EMT-B Students** must demonstrate proficiency on practical skills identified for each lesson using practical evaluation skills sheets identified on page H-6. (EVALUATION LESSONS MAY BE COMBINED WITH PRACTICAL SKILLS LABS TO MEET THIS REQUIREMENT). Students **must** achieve the required score for each skill listed on page H-47, **and** receive **NO** check marks in the Critical Criteria section.

All evaluations must be completed by DOH-approved BLS Evaluators.

### Step # 2

**Initial EMT-B Students** must complete clinical/field rotations prior to entrance to the comprehensive end of course evaluation. Information regarding clinical and field rotations is located on pages H-3 and H-4.

### Step # 3

**Initial EMT-B Students** must complete the COMPREHENSIVE END OF COURSE PRACTICAL SKILLS EVALUATION using the role play model identified on H-5, and skill sheets on pages H-39 and H-41. All evaluations must be completed by DOH-approved BLS Evaluators.

### Step # 4

**Initial EMT-B Students:** SEIs must issue a CERTIFICATE of COURSE COMPLETION attesting to student competency for the student to be eligible to take the Washington State written certification examination. Prior to issuing the certificate, SEIs must verify the student's:

- a. comprehensive cognitive, affective and psychomotor abilities.
- b. successful completion of the clinical/field rotation following the procedures identified on pages H-3 and H-4.

### Step # 5

**Initial EMT-B Students:** Following receipt of an SEI issued Certificate of Course Completion, the student is eligible to take the Washington State written certification examination.

## **NARRATIVE OF THE INITIAL EMT-B COURSE PRACTICAL SKILL EVALUATION PROCESS**

### **PRACTICAL SKILL EVALUATIONS - Step # 1**

The practical skills evaluation sheets provided in this appendix are to be used in conjunction with the core curriculum and are organized in the order of the corresponding lessons. They should be copied and provided to each student at the beginning of the training course and are to be used to document the performance of required skills evaluations throughout the training course and during the Comprehensive End of Course Evaluation.

#### **Required Practical Skills Evaluations**

Students must demonstrate proficiency on practical skills identified for each “evaluation lesson” using the required practical skills evaluation sheets specified for that lesson on page H-6. (EVALUATION LESSONS MAY BE COMBINED WITH PRACTICAL SKILLS LABS TO MEET THIS REQUIREMENT). All evaluations must be completed by DOH-approved BLS Evaluators.

#### **Individual Practical Skills Evaluation Sheets**

The individual practical skills evaluation sheets located on pages H-11 through H-37 are to be used to document the performance of students during course practical skills evaluations. All evaluations must be completed by DOH-approved BLS Evaluators. Evaluator initials must appear on each evaluation. All practical skill evaluations must be successfully completed before participating in the Comprehensive End of Course Evaluation. Students **must** achieve the required score for each skill listed on page H-47, **and** receive **NO** check marks in the Critical Criteria section.

#### **Comprehensive End of Course Evaluation Skill Sheets**

The Comprehensive End of Course Evaluation skill sheets located on pages H-39 and H-41 are to be used to document the performance of students during the Comprehensive End of Course Evaluation. All evaluations must be completed by DOH-approved BLS Evaluators.

#### **Initial EMT-B Course Practical Skills Evaluation & Comprehensive Course Evaluation Summary Sheet**

The Practical Skills Evaluation And Comprehensive Course Evaluation Summary Sheet located on page H-43 is to be used to document the final results of each student’s performance following individual practical skills evaluations and the Comprehensive End of Course Evaluation. The SEI or MPD signature is required on the Practical Skills Evaluation and Comprehensive End Of Course Evaluation Summary Sheet.

### **CLINICAL/FIELD ROTATIONS - Step # 2**

In addition to the hours of instruction and practical skills evaluations, this course requires that the student successfully complete patient interactions in a clinical setting. The training course may utilize emergency departments, clinics or physician offices. The program director or medical director must establish appropriate relationships with various clinical sites to assure adequate contact with patients.

The student should interview and assess a minimum of five (5) patients. The student should record the patient history and assessment on a prehospital care report; i.e., Washington State Medical Incident Report (MIR), just as if interacting with this patient in a field setting. The prehospital care report should then be reviewed by the Primary Instructor to assure competent documentation practices in accordance with the minimum data set. The training course must establish a feedback system to assure that students have acted safely and professionally during their training. **Students should receive a written report of their performance by clinical or ambulance staff.**

**Note: Students must complete clinical/field rotations prior to entrance to the Comprehensive End of Course Evaluation.**

### **HOSPITAL OBSERVATION TIME - EMT-B COURSE (Current Policy # 21)**

The Department of Health, Office of Emergency Medical and Trauma Prevention's Policy #21 requires ten (10) hours of hospital observation as part of the successful completion of the EMT Course. Any combination of the following will meet these requirements.

- I. Five hours or more of hospital observation in one or more of the departments listed:
  - A. Intensive care unit
  - B. Coronary care unit
  - C. Emergency department
  - D. OB-GYN
  - E. Recovery room
  - F. Any other department approved by the MPD
- II. Up to five (5) hours of the required time may be completed on ambulance runs involving the care of sick or injured patients.

Students who have been reported to have difficulty in the clinical or field setting must receive remediation and redirection. Students should be required to repeat clinical or field setting experiences until they are deemed competent within the goals established by the County Medical Program Director.

### **COMPREHENSIVE END OF COURSE EVALUATION - Step # 3**

The purpose of the Comprehensive End of Course Evaluation is to combine cognitive knowledge and practical skills learned during the course to provide emergency care as if responding to a real field situation. This evaluation is intended to be general rather than specific in nature to determine if the team has the basic knowledge and skill necessary to perform adequately during an EMS emergency.

The Comprehensive End of Course Evaluation is conducted in a role play format using teams of students to provide emergency care to the patient. The Comprehensive End of Course Evaluation should be designed to be a realistic experience for the students. The SEI is responsible for developing specific medical and trauma scenarios to be used by the student teams during the Comprehensive End of Course Evaluation. The appropriate patient care must be performed by the student team. If appropriate care is not provided, remediation and repeat of a station will be necessary.

### **ROLE PLAY MODEL**

Role Play is individual and/or team practical skill performance evaluations from written scenarios. This method must be used for the Comprehensive End of Course Evaluation. Role Play is also appropriate for end of lesson evaluations and practical skills evaluations

### **SCENARIO DEVELOPMENT**

It is the SEI's responsibility to develop scenarios used in Role Play evaluation. During the scenario development, skill combinations are encouraged. For example: for the Trauma evaluation, oxygen, splinting, PASG stabilization and immobilization could be combined. For the Medical evaluation, pharmacology elements could be introduced to include indications, contraindication, dosages, side effects, etc.

### **CERTIFICATE OF COURSE COMPLETION - Step # 4**

SEIs must issue a CERTIFICATE OF COURSE COMPLETION attesting to student competency for the student to be eligible to take the Washington State written certification examination. Prior to issuing the certificate, SEIs must verify the student's:

- a. comprehensive cognitive, affective and psychomotor abilities.
- b. successful completion on the clinical/field rotation following the procedures identified on pages H-3 and H4.

The CERTIFICATE OF COURSE COMPLETION **MUST** include:

- Course approval number
- Course location
- Student's name
- SEI's name and signature
- Course completion date

### **WASHINGTON STATE WRITTEN CERTIFICATION EXAMINATION - Step # 5**

Following receipt of an SEI issued Certificate of Course Completion, the student is eligible to take the Washington State written certification examination.

## REQUIRED PRACTICAL SKILLS EVALUATIONS FOR INITIAL (EMT-B) CLASS

Lesson Number	LESSON TITLE	REQUIRED PRACTICAL SKILLS EVALUATION SHEETS
2-3	Evaluation: AIRWAY MODULE	H-11, 13, 15, & 17
3-10	Evaluation: PATIENT ASSESSMENT MODULE	H- 19 & 20, 21 & 22
4-11	Evaluation: MEDICAL/BEHAVIORAL EMERGENCIES and OBSTETRICS	H-23 & 25
5-6	Evaluation: TRAUMA MODULE	H-27, 29, 31, 33, 35, & 37
End of Course	Comprehensive End of Course Practical Evaluation MEDICAL	H-39
End of Course	Comprehensive End of Course Practical Evaluation TRAUMA	H-41

**FLOW CHART FOR THE EMT-B ORIENTATION  
PROGRAM FOR EXPERIENCED EMTs -  
PRACTICAL SKILL EVALUATION PROCESS**

**Step # 1**

**Recertifying EMTs** must complete the **1996 EMT-B Orientation Program for Experienced EMTs** as part of the required Continuing Medical Education (CME) or Ongoing Training and Evaluation Program (OTEP). Refer to Licensing and Certification requirements for educational timeframes.

**Step # 2**

**Recertifying EMTs** must demonstrate proficiency on practical skills identified for each module, using the required practical skills evaluation skills sheets identified on page H-10, as part of the orientation training. Students must achieve the required score for each skill listed on page H-47, and receive NO check marks in the Critical Criteria section.

All evaluations must be completed by DOH-approved BLS Evaluators.

**Step # 3**

**Recertifying EMTs** must complete the COMPREHENSIVE END OF COURSE PRACTICAL SKILLS EVALUATION using the role play model identified on H-9, and skill sheets on pages H-39 and H-41. All evaluations must be completed by DOH-approved BLS Evaluators.

**Step # 4**

**Recertifying EMTs:** SEIs must document the completion of the **1996 EMT-B Orientation Program for Experienced EMTs** and attest to the student's competency for the student to be eligible for Washington State recertification. Prior to documenting the student's completion, SEIs must verify the student's comprehensive cognitive, affective and psychomotor abilities.

**Step # 5**

**Recertifying EMTs:** Following receipt of an SEI issued document attesting to the completion of the **1996 EMT-B Orientation Program for Experienced EMTs** and the student's competency, the recertifying EMT has met the requirement for completing the EMT-B Orientation Program (completed through CME or OTEP) necessary for recertification. When the recertifying EMT has completed all CME or OTEP requirements, they are eligible for recertification.

## **NARRATIVE OF THE EMT-B ORIENTATION PROGRAM FOR EXPERIENCED EMTS - PRACTICAL SKILL EVALUATION PROCESS**

### **COMPLETION OF EMT-B ORIENTATION PROGRAM FOR EXPERIENCED EMTS - Step # 1**

**Recertifying EMTs** must complete the **1996 EMT-B Orientation Program for Experienced EMTs** as part of the required Continuing Medical Education (CME) or Ongoing Training and Evaluation Program (OTEP). The practical skills evaluation sheets provided in this appendix are to be used in conjunction with the orientation curriculum. They should be copied and provided to each student at the beginning of the orientation program, and are to be used to document the performance of required skills evaluations throughout the orientation program, and during the Comprehensive End of Course Evaluation.

### **PRACTICAL SKILL EVALUATIONS - Step # 2**

**Recertifying EMTs** must demonstrate proficiency on practical skills identified for each “module”, using the required practical skills evaluation sheets specified for that module on page H-10 as part of the orientation training. All evaluations must be completed by DOH-approved BLS Evaluators.

#### **Individual Practical Skills Evaluation Sheets**

The individual practical skills evaluation sheets located on pages H-11 through H-37 are to be used to document the performance of students during the orientation program practical skills evaluations. All evaluations must be completed by DOH-approved BLS Evaluators. Evaluator initials must appear on each evaluation. All practical skill evaluations must be successfully completed before participating in the Comprehensive End of Course Evaluation. Students **must** achieve the required score for each skill listed on page H-47, **and** receive **NO** check marks in the Critical Criteria section.

#### **Comprehensive End of Course Evaluation Skill Sheets**

The Comprehensive End of Course Evaluation skill sheets located on pages H-39 and H-41 are to be used to document the performance of students during the Comprehensive End of Course Evaluation. All evaluations must be completed by DOH-approved BLS Evaluators.

#### **EMT-B Orientation (Recertification) Practical Skills Evaluation & Comprehensive Course Evaluation Summary Sheet**

The Practical Skills Evaluation And Comprehensive Course Evaluation Summary Sheet located on page H-45 is to be used to document the final results of each student’s performance following individual practical skills evaluations and the Comprehensive End of Course Evaluation. The SEI or MPD signature is required on the Practical Skills Evaluation and Comprehensive End Of Course Evaluation Summary Sheet

### **COMPREHENSIVE END OF COURSE EVALUATION - Step # 3**

The purpose of the Comprehensive End of Course Evaluation is to combine cognitive knowledge and practical skills learned during the course to provide emergency care as if responding to a real field situation. This evaluation is intended to be general rather than specific in nature to determine if the team has the basic knowledge and skills necessary to perform adequately during an EMS emergency.



**Emergency Medical Technician Basic - National Standard Curriculum**  
*Washington State Amended Edition - Revised September 1996*

The Comprehensive End of Course Evaluation is conducted in a role play format using teams of students to provide emergency care to the patient. The Comprehensive End of Course Evaluation should be designed to be a realistic experience for the students. The SEI is responsible for developing specific medical and trauma scenarios to be used by the student teams during the Comprehensive End of Course Evaluation. The appropriate patient care must be performed by the student team. If appropriate care is not provided, remediation and repeat of a station will be necessary.

### **ROLE PLAY MODEL**

Role Play is individual and/or team practical skill performance evaluations from written scenarios. This method must be used for the Comprehensive End of Course Evaluation. Role Play is also appropriate for end-of-lesson evaluations and practical skills evaluations

### **SCENARIO DEVELOPMENT**

It is the SEI's responsibility to develop scenarios used in Role Play evaluation. During the scenario development, skill combinations are encouraged. For example: for the Trauma evaluation, oxygen, splinting, PASG stabilization and immobilization could be combined. For the Medical evaluation, pharmacology elements could be introduced to include indications, contraindication, dosages, side effects, etc.

### **DOCUMENTING COMPLETION OF EMT-B ORIENTATION PROGRAM - Step # 4**

**Recertifying EMTs:** SEIs must document the completion of the **1996 EMT-B Orientation Program for Experienced EMTs** and attest to the student's competency for the student to be eligible for Washington State recertification. Prior to documenting the student's completion, SEIs must verify the student's comprehensive cognitive, affective and psychomotor abilities.

The documentation of the **1996 EMT-B Orientation Program for Experienced EMTs** must include:

- Program location
- Student's name
- SEI's name and signature
- Program completion date

### **COMPLETION OF CME / OTEP REQUIREMENTS AND RECERTIFICATION - Step # 5**

**Recertifying EMTs:** Following receipt of an SEI-issued document attesting to the completion of the **1996 EMT-B Orientation Program for Experienced EMTs** and the student's competency, the recertifying EMT has met the requirement for completing the EMT-B Orientation Program (completed through CME or OTEP) necessary for recertification. When the recertifying EMT has completed all CME or OTEP requirements, they are eligible for recertification.

**REQUIRED PRACTICAL SKILLS EVALUATIONS  
FOR EMT-B ORIENTATION (RECERTIFICATION) PROGRAM**

<b>Module Number</b>	<b>MODULE TITLE</b>	<b>REQUIRED PRACTICAL SKILLS EVALUATION SHEETS</b>
<b>2</b>	<b>PATIENT ASSESSMENT</b>	<b>H- 19 &amp; 20, 21 &amp; 22</b>
<b>3</b>	<b>AIRWAY</b>	<b>H-11, 13, 15 &amp; 17</b>
<b>4</b>	<b>INTERVENTIONS</b>	<b>H-23, 25, 27, 29, 31, 33, 35 &amp; 37</b>
<b>End of Course</b>	<b>Comprehensive End of Course Practical Evaluation MEDICAL</b>	<b>H-39</b>
<b>End of Course</b>	<b>Comprehensive End of Course Practical Evaluation TRAUMA</b>	<b>H-41</b>

## MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens airway (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate (800-1200 ml per breath/10-20 breaths per minute)	1	
Connects mask to high concentration oxygen	1	
Adjusts flow rate to greater than 15 L/min or greater	1	
Continues ventilation at proper volume and rate (800-1200 ml per breath/10-20 breaths per minute)	1	
<b>NOTE: the evaluator must witness ventilations for at least 30 seconds</b>		
<b>TOTAL:</b>	8	

### CRITICAL CRITERIA

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not adjust liter flow to 15 L/min or greater
- \_\_\_ Did not provide proper volume per breath (*more than 2 ventilations per minute are below 800 ml*)
- \_\_\_ Did not ventilate the patient at 10-20 breaths per minute
- \_\_\_ Did not allow for complete exhalation

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## AIRWAY MAINTENANCE

Student Name \_\_\_\_\_ Date \_\_\_\_\_

OROPHARYNGEAL AIRWAY	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Selects appropriate size airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
<b>NOTE: The evaluator must advise the candidate that the patient is gagging and becoming conscious</b>		
Removes oropharyngeal airway	1	

### SUCTION

<b>NOTE: The evaluator must advise the candidate to suction the patient's oropharynx/nasopharynx</b>		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts suction tip without suction	1	
Applies suction to the oropharynx/nasopharynx	1	

### NASOPHARYNGEAL AIRWAY

<b>NOTE: The evaluator must advise the candidate to insert a nasopharyngeal airway</b>		
Selects appropriate size airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
<b>TOTAL:</b>	13	

### CRITICAL CRITERIA

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not obtain a patent airway with the oropharyngeal airway
- \_\_\_ Did not obtain a patent airway with the nasopharyngeal airway

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## VENTILATORY MANAGEMENT

### Bag-Valve Mask

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens airway manually	1	
Elevates tongue and inserts simple airway adjunct (oropharyngeal or nasopharyngeal airway)	1	
<b>NOTE: The examiner now informs the candidate no gag reflex is present and the patient accepts the adjunct</b>		
Attaches the oxygen reservoir to the BVM	1	
Attaches BVM to high flow oxygen	1	
Ventilates the patient while maintaining seal at the proper volume and rate (800-1200 ml per breath/10-20 breaths per minute)	1	
<b>NOTE: the evaluator must witness ventilations for at least 30 seconds</b>		
<b>TOTAL:</b>	6	

#### CRITICAL CRITERIA

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time.
- \_\_\_ Did not voice or provide high oxygen concentrations (15 L/min or greater)
- \_\_\_ Did not ventilate patient at a rate of at least 10/minute
- \_\_\_ Did not provide adequate seal or volume per breath (maximum of 2 errors/minute permissible)
- \_\_\_ Inserts any adjunct in a manner that would be dangerous to the patient

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**



## OXYGEN ADMINISTRATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Assembles regulator to tank	1	
Opens tank	1	
Checks for leaks	1	
Checks tank pressure	1	
Attaches non-rebreather mask	1	
Prefills reservoir	1	
Adjusts liter flow to 15 L/min or greater	1	
Applies and adjusts mask to the patient's face	1	
<b>NOTE: The evaluator must advise the candidate to apply a nasal cannula to the patient.</b>		
Attaches nasal cannula to oxygen	1	
Adjusts liter flow up to 6 L/min	1	
Applies nasal cannula to the patient	1	
<b>NOTE: The evaluator must advise the candidate to discontinue oxygen therapy.</b>		
Removes the nasal cannula	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
<b>TOTAL:</b>	15	

### CRITICAL CRITERIA

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not assemble the tank and regulator without leaks
- \_\_\_\_\_ Did not adjust the device to the correct liter flow for the non-rebreather mask (15 L/min)
- \_\_\_\_\_ Did not prefill the reservoir bag
- \_\_\_\_\_ Did not adjust the device to the correct liter flow for the nasal cannula (up to 6 L/min)

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## PATIENT ASSESSMENT/MANAGEMENT - MEDICAL

Student Name \_\_\_\_\_ Date \_\_\_\_\_

						Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions						1	
SCENE SIZE-UP							
Determines the scene is safe						1	
Determines the mechanism of injury/nature of illness						1	
Determines the number of patients						1	
Requests additional help if necessary						1	
Considers stabilization of spine						1	
INITIAL ASSESSMENT							
Verbalizes general impression of the patient						1	
Determines chief complaint/apparent life threats						1	
Determines responsiveness/level of consciousness						1	
Assesses airway and breathing		Assessment				1	
		Initiates appropriate oxygen therapy				1	
		Assures adequate ventilation				1	
Assesses circulation		Assesses/controls major bleeding				1	
		Assesses pulse				1	
		Assesses skin (color, temp, and condition)				1	
Identifies priority patients/makes transport decision						1	
FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT							
Signs and Symptoms (Assess history of present illness)						1	
Respiratory	Cardiac	Altered Level of Consciousness	Allergic Reaction	Poisoning/Overdose	Environmental Emergency	Obstetrics	Behavioral
*Onset	*Onset	*Description of the episode	*History of allergies	*Substance	*Source	*Are you pregnant?	*How do you feel?
*Provokes	*Provokes		*What were you exposed to?	*When did you ingest or become exposed?	*Environment	*How long have you been pregnant?	*Determine suicidal tendencies
*Quality	*Quality	*Onset			*Duration		
*Radiates	*Radiates	*Duration	*How were you exposed?	*How much did you ingest?	*Loss of consciousness	*Pain or contractions	*Is the patient a threat to self or others?
*Severity	*Severity	*Associated symptoms	*Effects	*Over what time period?	*Effects - General or local	*Bleeding or discharge	*Is there a medical problem?
*Time	*Time	*Evidence of trauma	*Progressions	*Interventions		*Do you feel the need to push?	*Past medical history
*Interventions	*Interventions	*Interventions	*Interventions	*Estimated weight		*Last menstrual period	*Interventions
		*Seizures		*Effects		*Crowning	*Medications
		*Fever					

## Appendix H – EMT-BASIC Practical Skill Evaluation Skill Sheets

	Points Possible	Points Awarded
<b>A</b> llergies	1	
<b>M</b> edications	1	
<b>P</b> ast medical history	1	
<b>L</b> ast meal	1	
<b>E</b> vents leading to present illness (rule out trauma)	1	
Performs focused physical examination Assesses affected body part/system or, if indicated, completes rapid assessment	1	
<b>V</b> ITALS (Obtains baseline vital signs)	1	
<b>I</b> NTERVENTIONS - Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment	1	
<b>T</b> RANSPORT (Re-evaluates transport decision)	1	
<b>DETAILED PHYSICAL EXAMINATION</b>		
Completes detailed physical examination	1	
<b>ONGOING ASSESSMENT (verbalized)</b>		
Repeats initial assessment	1	
Repeats vital signs	1	
Repeats focused assessment regarding patient complaint or injuries	1	
Checks interventions	1	
<b>TOTAL:</b>	<b>31</b>	

### CRITICAL CRITERIA

- ☐ Did not take or verbalize body substance isolation precautions if necessary
- ☐ Did not determine scene safety
- ☐ Did not obtain medical direction or verbalize standing orders for medication interventions
- ☐ Did not provide high concentration of oxygen
- ☐ Did not evaluate and find conditions of airway, breathing, circulation
- ☐ Did not manage/provide airway, breathing, hemorrhage control or treatment for shock
- ☐ Did not differentiate patient's needing transportation versus continued assessment at the scene
- ☐ Does detailed or focused history/physical examination before assessing airway, breathing and circulation

Evaluator Initials: \_\_\_\_\_

### EVALUATION NOTES

## PATIENT ASSESSMENT/MANAGEMENT - TRAUMA

Student Name \_\_\_\_\_ Date \_\_\_\_\_

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of patient		1	
Determines chief complaint/apparent life threats		1	
Determines responsiveness		1	
<b>Assesses airway and breathing</b>	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
<b>Assesses circulation</b>	Assesses for & controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temp, and condition)	1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment (focused or rapid assessment)		1	
Obtains baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	

## Appendix H – EMT-BASIC Practical Skill Evaluation Skill Sheets

		Points Possible	Points Awarded
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial area including oral & nasal area	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates the chest	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of pulses, sensory and motor activities	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately <b>1 point for appropriate management of each injury/wound up to a maximum of 2 points</b>		2	
Verbalizes reassessment of the vital signs		1	
<b>TOTAL:</b>		<b>41</b>	

### CRITICAL CRITERIA

- ☐ Did not take or verbalize body substance isolation precautions
- ☐ Did not assess for spinal protection
- ☐ Did not provide for spinal protection when indicated
- ☐ Did not provide high concentration of oxygen
- ☐ Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion)
- ☐ Did not manage/provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion)
- ☐ Did not differentiate patient's needing transportation versus continued on scene survey
- ☐ Does other detailed physical examination before assessing airway, breathing and circulation
- ☐ Did not transport patient within ten (10) minute time limit

Evaluator Initials: \_\_\_\_\_

### EVALUATION NOTES

## Cardiac Arrest Management/AED

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Points  
Possible**      **Points  
Awarded**

<b>ASSESSMENT</b>		
Takes or verbalizes body substance isolation precautions	1	
Briefly questions rescuer about arrest events	1	
Directs rescuer to stop CPR	1	
Verifies absence of spontaneous pulse	1	
Turns on defibrillator power	1	
Attaches automated defibrillator to patient	1	
Ensures all individuals are standing clear of the patient	1	
Initiates analysis of rhythm	1	
Delivers shock (up to three successive shocks)	1	
Verifies absence of spontaneous pulse	1	
<b>TRANSITION</b>		
Directs resumption of CPR	1	
Gathers additional information on arrest event	1	
Confirms effectiveness of CPR (ventilation and compressions)	1	
<b>INTEGRATION</b>		
Directs insertion of a simple airway adjunct (oropharyngeal/nasopharyngeal)	1	
Directs ventilation of patient	1	
Assures high concentration of oxygen connected to the ventilatory adjunct.	1	
Assures CPR continues without unnecessary/prolonged interruption.	1	
Re-evaluates patient/CPR in approximately one minute	1	
Repeats defibrillator sequence	1	
<b>TRANSPORTATION</b>		
Verbalizes transportation of patient	1	
<b>TOTAL:</b>	20	

### CRITICAL CRITERIA

- ☐ Did not take or verbalize body substance isolation precautions
- ☐ Did not evaluate the need for immediate use of the AED
- ☐ Did not direct initiation/resumption of ventilation/compressions at appropriate times.
- ☐ Did not assure all individuals were clear of patient before delivering each shock
- ☐ Did not operate the AED properly (inability to deliver shock)

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**



## EPINEPHRINE AUTO-INJECTOR

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation	1	
Contacts medical direction for authorization	1	
Obtains patient's auto-injector	1	
Assures injector is prescribed for the patient	1	
Checks medication for expiration date	1	
Checks medication for cloudiness or discoloration	1	
Removes safety cap from the injector	1	
Selects appropriate injection site (thigh or shoulder)	1	
Pushes injector firmly against site	1	
Holds injector against site for a minimum of ten (10) seconds	1	
Properly discards auto-injector	1	
Verbalizes monitoring the patient while transporting	1	
<b>TOTAL:</b>	<b>12</b>	

### CRITICAL CRITERIA:

- \_\_\_ Did not contact medical direction for authorization
- \_\_\_ Did not check medication for prescription, cloudiness or discoloration
- \_\_\_ Did not use an appropriate injection site
- \_\_\_ Used the injector against the injection site for ten (10) seconds or longer
- \_\_\_ Did not discard auto-injector into appropriate container

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## BLEEDING CONTROL/SHOCK MANAGEMENT

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
Applies a dressing to the wound	1	
Bandages the wound	1	
<b>Note: The evaluator must now inform the candidate that the wound is still continuing to bleed.</b>		
Applies an additional dressing to the wound	1	
<b>Note: The evaluator must now inform the candidate that the wound is still continuing to bleed. The second dressing does not control the bleeding.</b>		
Locates and applies pressure to appropriate arterial pressure point	1	
<b>Note: The evaluator must now inform the candidate that the bleeding is controlled and the patient is in compensatory shock.</b>		
Applies high concentration oxygen	1	
Properly positions the patient	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates need for immediate transportation	1	
<b>TOTAL:</b>	<b>11</b>	

### CRITICAL CRITERIA

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not apply high concentration of oxygen
- \_\_\_\_\_ Applies tourniquet before attempting other methods of bleeding control
- \_\_\_\_\_ Did not control hemorrhage in a timely manner
- \_\_\_\_\_ Did not indicate a need for immediate transportation

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## IMMOBILIZATION SKILLS LONG BONE

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs application of manual stabilization	1	
Assesses motor, sensory and distal circulation	1	
<b>NOTE: The evaluator acknowledges present and normal</b>		
Measures splint	1	
Applies splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes hand/foot in the position of function	1	
Reassesses motor, sensory and distal circulation	1	
<b>Note: The evaluator acknowledges present and normal</b>		
<b>TOTAL:</b>	10	

### CRITICAL CRITERIA

- \_\_\_ Grossly moves injured extremity
- \_\_\_ Did not immobilize adjacent joints
- \_\_\_ Did not assess motor, sensory and distal circulation after splinting

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## IMMOBILIZATION SKILLS - JOINT INJURY

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and distal circulation	1	
<b>NOTE: The evaluator acknowledges present and normal</b>		
Selects proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes bone above injured joint	1	
Immobilizes bone below injured joint	1	
Reassesses motor, sensory and distal circulation	1	
<b>NOTE: The evaluator acknowledges present and normal</b>		
<b>TOTAL:</b>	<b>8</b>	

### CRITICAL CRITERIA

- \_\_\_ Did not support the joint so that the joint did not bear distal weight
- \_\_\_ Did not immobilize bone above and below injured joint
- \_\_\_ Did not reassess motor, sensory and distal circulation after splinting

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**



## IMMOBILIZATION SKILLS - TRACTION SPLINTING

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs application of manual stabilization of the injured leg	1	
Directs the application of manual traction	1	
Assesses motor, sensory and distal circulation	1	
<b>NOTE: The evaluator acknowledges present and normal.</b>		
Prepares/adjusts splint to the proper length	1	
Positions the splint at the injured leg	1	
Applies the proximal securing device (e.g., ischial strap)	1	
Applies the distal securing device (e.g., ankle hitch)	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal/distal securing devices	1	
Reassesses motor, sensory and distal circulation	1	
<b>NOTE: The evaluator acknowledges present and normal.</b>		
<b>NOTE: The evaluator must ask candidate how he/she would prepare the patient for transportation.</b>		
Verbalizes securing the torso to the long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
<b>TOTAL:</b>	14	

### CRITICAL CRITERIA

- \_\_\_ Loss of traction at any point after it is assumed
- \_\_\_ Did not reassess motor, sensory and distal circulation after splinting
- \_\_\_ The foot is excessively rotated or extended after splinting
- \_\_\_ Did not secure the ischial strap before taking traction
- \_\_\_ Final immobilization failed to support the femur or prevent rotation of the injured leg
- \_\_\_ Secures leg to splint before applying mechanical traction

**NOTE:** If the Sager splint is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded 1 point as if manual traction were applied.

**NOTE:** If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to pull manual traction.

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## SPINAL IMMOBILIZATION - LYING PATIENT

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory and distal circulation in extremities	1	
Applies appropriate size extrication collar	1	
Positions the immobilization device appropriately	1	
Moves patient onto device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and distal circulation in extremities	1	
<b>TOTAL:</b>	14	

### CRITICAL CRITERIA

- \_\_\_ Did not immediately direct or take manual immobilization of the head
- \_\_\_ Releases or orders release of manual immobilization before it was maintained mechanically
- \_\_\_ Patient manipulated or moved excessively causing potential spinal compromise
- \_\_\_ Device moves excessively up, down, left or right on patient's torso
- \_\_\_ Head immobilization allows for excessive movement
- \_\_\_ Upon completion of immobilization, head is not in the neutral position
- \_\_\_ Did not reassess motor, sensory and distal circulation after immobilization
- \_\_\_ Immobilizes head to the board before securing torso

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## SPINAL IMMOBILIZATION - SEATED PATIENT

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory and distal circulation in extremities	1	
Applies appropriate size extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long board	1	
Reassesses motor, sensory and distal circulation in extremities	1	
<b>TOTAL:</b>	12	

### CRITICAL CRITERIA

- \_\_\_ Did not immediately direct or take manual immobilization of the head
- \_\_\_ Releases or orders release of manual immobilization before it was maintained mechanically
- \_\_\_ Patient manipulated or moved excessively causing potential spinal compromise
- \_\_\_ Device moves excessively up, down, left or right on patient's torso
- \_\_\_ Head immobilization allows for excessive movement
- \_\_\_ Torso fixation inhibits chest rise resulting in respiratory compromise
- \_\_\_ Upon completion of immobilization, head is not in the neutral position
- \_\_\_ Did not reassess motor, sensory and distal circulation after immobilization
- \_\_\_ Immobilized head to the board before securing the torso

Evaluator Initials: \_\_\_\_\_

**EVALUATION NOTES**

## COMPREHENSIVE END OF COURSE EVALUATION

### MEDICAL SCENARIO

**Scenario development:** A realistic medical field scenario should be developed by the SEI using medical problems identified during the EMT-B course.

Team Name or Number: \_\_\_\_\_

SKILLS OBSERVED	PERFORMANCE COMMENTS
Scene Size-Up	
Initial Assessment	
Focused History & Physical Examination & Rapid Transport	
Detailed Physical Examination	
Emergency Medical Care	
Vital Sign Assessment	
Transport appropriate to local protocols, procedures	

EVALUATOR(s) Initials: \_\_\_\_\_

Remediation and repeat of station may be necessary if evaluator determines poor performance.

**EVALUATION NOTES**



# COMPREHENSIVE END OF COURSE EVALUATION

## TRAUMA

**Scenario development:** A realistic trauma field scenario should be developed by the SEI using trauma injuries identified during the EMT-B course.

Team Name or Number: \_\_\_\_\_

Skill Observed	Performance Comments
Scene Size-Up	
Initial Assessment	
Focused History & Physical Examination & Rapid Transport	
Detailed Physical Examination	
Emergency Medical Care	
Vital Sign Assessment	
Transport appropriate to local protocols, procedures and Trauma Triage Tool.	

EVALUATOR(s) Initials: \_\_\_\_\_

Remediation and repeat of station may be necessary if evaluator determines poor performance.

**EVALUATION NOTES**

# **INITIAL EMT-B COURSE** **PRACTICAL SKILLS EVALUATION AND** **COMPREHENSIVE END OF COURSE EVALUATION** **SUMMARY SHEET**

**Student Name:** \_\_\_\_\_

Lesson Number	Page Number	Practical Skill	S	U	SEI Signature
2.3	H-11	Mouth to Mask with Supplemental Oxygen			
2.3	H-13	Oropharyngeal Airway			
2.3	H-13	Suction			
2.3	H-13	Nasopharyngeal Airway			
2.3	H-15	Ventilatory Management - Bag-Valve-Mask			
2.3	H-17	Oxygen Administration			
3.10	H-19 & 20	Patient Assessment - MEDICAL			
3.10	H-21 & 22	Patient Assessment - TRAUMA			
4.11	H-23	Cardiac Arrest Management/AED			
4.11	H-25	Epinephrine Auto-Injector			
5.6	H-27	Bleeding Control/Shock Management			
5.6	H-29	Immobilization Skills - LONG BONE			
5.6	H-31	Immobilization Skills - JOINT INJURY			
5.6	H-33	Immobilization Skills - TRACTION SPLINTING			
5.6	H-35	Spinal Immobilization - LYING PATIENT			
5.6	H-37	Spinal Immobilization - SEATED PATIENT			
End of Course	H-39	Comprehensive End of Course Evaluation - MEDICAL			
End of Course	H-41	Comprehensive End of Course Evaluation - TRAUMA			

**EVALUATION NOTES**

# EMT-B ORIENTATION (RECERTIFICATION) PROGRAM PRACTICAL SKILLS EVALUATION AND COMPREHENSIVE END OF COURSE EVALUATION SUMMARY SHEET

**Student Name:** \_\_\_\_\_

Module Number	Page Number	Practical Skill	S	U	SEI Signature
2	H-19 & 20	Patient Assessment - MEDICAL			
2	H-21 & 22	Patient Assessment - TRAUMA			
3	H-11	Mouth to Mask with Supplemental Oxygen			
3	H-13	Oropharyngeal Airway			
3	H-13	Suction			
3	H-13	Nasopharyngeal Airway			
3	H-15	Ventilatory Management - Bag-Valve-Mask			
3	H-17	Oxygen Administration			
4	H-23	Cardiac Arrest Management/AED			
4	H-25	Epinephrine Auto-Injector			
4	H-27	Bleeding Control/Shock Management			
4	H-29	Immobilization Skills - LONG BONE			
4	H-31	Immobilization Skills - JOINT INJURY			
4	H-33	Immobilization Skills - TRACTION SPLINTING			
4	H-35	Spinal Immobilization - LYING PATIENT			
4	H-37	Spinal Immobilization - SEATED PATIENT			
End of Course	H-39	Comprehensive End of Course Evaluation - MEDICAL			
End of Course	H-41	Comprehensive End of Course Evaluation - TRAUMA			

**EVALUATION NOTES**

## PRACTICAL SKILLS EVALUATION SHEET

### Required Scores for Successful Completion

Practical Skill Sheet Page Number	Practical Skill	Points Possible	Points Required to Successful Complete Practical Skill
H-11	Mouth to Mask with Supplemental Oxygen	8	7
H-13	Oropharyngeal Airway Suction Nasopharyngeal Airway	13	11
H-15	Ventilatory Management - Bag-Valve-Mask	6	5
H-17	Oxygen Administration	15	12
H-19 & 20	Patient Assessment - MEDICAL	31	25
H-21 & 22	Patient Assessment - TRAUMA	41	33
H-23	Cardiac Arrest Management/AED	20	16
H-25	Epinephrine Auto-Injector	12	10
H-27	Bleeding Control/Shock Management	11	9
H-29	Immobilization Skills - LONG BONE	10	8
H-31	Immobilization Skills - JOINT INJURY	8	7
H-33	Immobilization Skills - TRACTION SPLINTING	14	12
H-35	Spinal Immobilization - LYING PATIENT	14	12
H-37	Spinal Immobilization - SEATED PATIENT	12	10

**NOTE: A check mark in the Critical Criteria section of any of the above skills is a failure of the station regardless of the points attained.**





